

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13292</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Robert</u> <u>L</u> <u>Wise</u> P O Box Bldg Room No if any _____ Street <u>6746 Waverly Road</u> City <u>Martinez</u> State <u>California</u> ZIP Code + 4 <u>94553</u>	4 Name file number and address of labor organization Name <u>Operating Engineers Local Union No 3</u> Labor Organization File Number <u>035 651</u> P O Box Building and Room Number if any _____ Street <u>1620 South Loop Road</u> City <u>Alameda</u> State <u>California</u> ZIP Code + 4 <u>94502</u>
5 Position in labor organization <u>Recording Corresponding Secretary</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Robert L Wise</u>	On <u>8/12/05</u> <u>925-935 1895</u> Date Telephone Number

File Number U

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

\$1 395

13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing Robert Wise	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name McMorgan & Co Trade Name if any P O Box Bldg Room No if any Street 1 Bush Street Suite 800 City San Francisco State California ZIP Code + 4 94104	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Local Union s investment manager 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Attended lunches dinners and other events hosted by McMorgan & Co 12 b Amount \$375

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment. 14 b Amount of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Robert W. se

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Associated Third Party Administrators

Trade Name if any ATPA

P O Box Bldg Room No if any

Street 1640 South Loop Road

City Alameda

State California ZIP Code + 4 94502

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Operating Engineers Trust Funds

Trade Name if any

P O Box Bldg Room No if any

Street 1640 South Loop Road

City Alameda

State California ZIP Code + 4 94502

11 a Nature of such dealing

Provides third party administration services for the Local Union's related pension and welfare trust funds

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Attended lunches dinners and other events hosted by ATPA

12 b Amount

\$250

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing Robert Wise

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Hemming Morse

Trade Name if any

P O Box Bldg Room No if any

Street 160 Spear Street Suite 1900

City San Francisco

State California ZIP Code + 4 94105

10 If 9 b or 9 c is checked give trust or employer's name

Name Operating Engineers Trust Funds

Trade Name if any

P O Box Bldg Room No if any

Street 1640 South Loop Road

City Alameda

State California ZIP Code + 4 94502

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

Hemming Morse is the CPA for the Operating Engineers Trust Funds

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Christmas gift

12 b Amount

\$75

Name of Person Filing Robert Wise

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Operating Engineers Local Union No 3

Trade Name if any Trust Funds

P O Box Bldg Room No if any

Street 1640 So Loop Rd

City Alameda

State California ZIP Code + 4 94502

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

Local Union s Trust Fund

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Meeting regarding Trust Fund issues

12 b Amount

\$105